Clinical Psychology Program
Department of Psychology
Marquette University

Request to Attend Externship/Practicum

Students requesting permission to attend a practicum site next year need to complete this form. The form must be discussed with the student's current clinical supervisor AND research mentor, then submitted to the DCT NO LATER than the Monday of Final's Week.

Name: _____ Date: _____

Site Ranking

The following are our "usual" sites. Please indicate your preference for a practicum site, ranking 1-3.

___ Aurora Behavioral Health Center (2 days)
___ Center for Behavioral Medicine (min 10 hours)
___ Children's Hospital (specify: _____) (2-2½ days)
___ Cornerstone Counseling - Adult (1-2 days)
___ Froedtert Hospital - Hand Clinic (1 day)
___ Froedtert Hospital - Health (2-2½ days)
___ Froedtert Hospital - Neuro (Adult) (1 ½-2 ½ days, 2 ½ preferred)
___ Froedtert Hospital - Neuro (PINT & Child) (1 day)
___ Integrated Developmental Services (1-1½ days)

___ MU Counseling Center (20 hours)
___ Milwaukee County Behavioral Health (1-2½ days)
___ Milwaukee Secure Detention Facility (flexible)
___ St. Luke's Medical Center - Neuro (1½-2 days)
___ UCC - Human Services (1-2 days)
___ Waukesha Memorial Hospital - Adult Neuro (1½ days)
___ Waukesha Memorial Hospital - Child Neuro (1½ days)
___ Zablocki VA (specify: _____) (1½-2 days)
___ Other: _____

Summary of Practica Experience to Date

Date (Begin/End)	Site	Supervisor	Patient Contact Hours	Total Hours

Co-Signatures of Clinical Supervisor AND Research Mentor

You are required to discuss this application with your current clinical supervisor AND research mentor, who must sign this request to indicate that he/she agrees that you are prepared for the externships for which you ranked. *Your clinical supervisor is confirming that your clinical skills are appropriate for the sites chosen, whereas you research mentor is confirming that you can juggle the time commitment required for your chosen sites while keeping up with your required research projects.*

_____ _____ _____
Student Signature   Clinical Supervisor Signature   Research Mentor Signature